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A SUFFERING ODYSSEY:
A PHENOMENOLOGICAL - INTERPRETIVE ANALYSIS

William M. Scott



A SUFFERING ODYSSEY:
A PHENOMENOLOGICAL - INTERPRETIVE ANALYSIS

submitted by

William M. Scott

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A SUFFERING ODYSSEY:
A PHENOMENOLOGICAL - INQUIRY

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The Suffering Odyssey:

A Phenomenological - Interpretive Inquiry

Abstract: The purpose of this study is to explicate how suffering is experienced and interpreted by sufferers. Nursing and medical literature, until quite recently, has been visibly bereft on the topic of human suffering. The subject is made even more confusing because of a lack of a standardized definition: By its very essence, suffering is a relative experience, highly personalized and intimately interpreted. In the past, it has been related to mental anguish, injury, loss, stress, and pain. Five individuals from contextually different regions of the world were asked to share their suffering stories. Two lived in the southern coastal area of the United States, two lived in Appalachia, and one lived in Belfast, Northern Ireland. The stories were audiotaped and later transcribed into written form. With the use of interpretive methods, each transcript was analyzed and important categories were identified. Elements of suffering as lived experience include the categories of loss, trapped, the hard life, the spectre of death, time, and working through the experience. Accompanying themes under each category were also discussed using culturally relevant language.

By uncovering the commonalities among meanings of human responses to profound and commonplace suffering experiences, the nurse can use this information in supporting and guiding other suffering individuals. As the range of human experiences are explored and meaningful practice principles derived, then nursing science is advanced and is more responsive to the needs of the suffering individual.

Chapter 1

The Issue of Suffering

Nursing and medical literature, until quite recently, has been visibly bereft on the topic of human suffering research. "Suffering, like death, is often not studied because it is intrinsically linked to one's own existence; once acknowledged it becomes a personal threat" (Kahn & Steeves, 1986, p. 623). Health care providers may feel uncomfortable or helpless in the presence of another's suffering. Depending on the circumstances, the provider's response may be one of despair, confusion, sorrow, frustration, or consolation. The subject of suffering is also made more confusing because of a lack of a standardized definition: By its very essence, suffering is a relative experience - highly personalized and intimately interpreted. This chapter will introduce the reader to the concept of suffering and its significance for nursing. The chapter also establishes several research questions pertaining to the suffering experience and explains the assumptions used to outline such an investigation.

Significance for Nursing

A central aspect of nursing practice is the encounter with the suffering client: Suffering is indeed a part of the human condition. Kahn and Steeves (1987) stated that "the goal of nursing care is to help establish and maintain the conditions necessary for and helpful to experiencing meaning" (p. 116). Discovering the meaning in an individual's suffering gives the nurse in clinical practice a foundation upon which to base actions and responses. By uncovering the commonalities among meanings of human responses to profound and common place suffering experiences, the nurse can more effectively support and guide other suffering individuals.

Assisting individuals to find meaning in everyday experiences, such as suffering, brings forth the uniqueness of nursing. According to Newman, Sime, and Corcoran-Perry (1991), discovery of meaning would emanate from a unitary - transformative paradigm. In this paradigm,

Phenomena are viewed as unitary, self organizing fields embedded in larger, self organizing fields. It is identified by pattern and by interaction with the larger whole. Change is unidirectional and unpredictable as systems move through stages of organization and disorganization to more complex organization. Knowledge is personal, involves pattern recognition, and is a function of both viewer and

phenomenon. Subject matter includes thoughts, feelings, values, choices, and purpose. Inner reality depicts the reality of the whole. (p. 4)

"Insights from research and practice [using this perspective] reveal a rich and fertile glimpse into caring in the human health experience" (p. 5). Thus, nursing as a human science is advanced and is more responsive to the needs of individuals, families, groups, and societies.

The investigation of human suffering involves the research tools of intuition and introspection. These tools are based on the "premise of knowledge promoting wholeness and integrity in personal encounters, the achievement of engagement rather than detachment, and the denial of manipulative, impersonal orientation" (Meleis, 1985, p. 120). Such an investigation would be another example of the uniqueness of qualitative nursing research in helping the researcher grasp the lived experiences and meanings connected to human events and processes.

The exploration of meaning in suffering would be of benefit to nursing educators who are revising their curricula to reflect more of a caring theme. Educators are sometimes hindered by outdated teaching methods that focus more on presenting information, rather than emphasizing the creative power of personal interaction. According Bevis and Murray (1990),

Structuring curriculum around sets of criteria for

teacher-student interactions that support emancipation, education, caring, and criteria for devising or selecting learning activities that are reality-based and lead to insights, engagement, dialogue, inquiry, and meaning-making shifts nursing educators from the surety of the formula-driven behaviorist curricula currently in vogue to one of turgid ambiguity. But it is one that holds promise of a graduate more likely to be able to provide nursing care needed today. (p. 330)

A study of suffering as a unique, yet inevitable, human experience prompts discussion as to the role of empathy and healing in nursing practice. Students and faculty may find it beneficial to discuss the nature of empathy as that which fosters commonality with another, and the nature of healing which is distinct from curing. Quinn (1991) identified healing as that which helps us to become whole and identified caring as the most powerful tool for facilitating the healing process. Students need to experience the healing environment to realize that the quest for harmony is ongoing even in the midst of suffering.

Finally, "nurse administrators are being pressed to comply with requests for evidence of a theoretic base in practice and educational settings, and many have opted for the expedient single theory approach [positivism]; the single stance approach is restrictive and blatantly

paternalistic" (Nagle and Mitchell, 1991, p. 20). Benner (1984) stated that

Nursing, in its bid for professional status, autonomy, greater effectiveness in patient care, and greater legitimacy must be wary of overreliance and idealization of traits that nursing has formerly lacked, excessively relying on formal models as the way to nursing's goals. (p. 242)

Incorporating practice approaches, such as finding meaning in life experiences, will indubitably enhance practice and will contribute to the evolution of professional maturity.

The issue of suffering and its significance for nursing theory, research, education, and administration was explored in this section. The need of a qualitative paradigm to address the concept of meaning has been identified. The next section will address specific research questions related to the topic.

Problem Statement/Research Questions

Further explication of how suffering is experienced is needed. What are the meanings associated with suffering? What are the elements of suffering as lived experience? According to Kriedler (1984), "meaning in life is never predetermined; it is discovered by each person in his or her own way" (p. 175). The discovery of the parables, allegories, and metaphors in an individual's suffering may give the nurse a foundation upon which to base actions and

responses. The present study will be based on the following assumptions and limitations.

Assumptions and Limitations

The present study will be based on several interpretive methodologies including phenomenology, narrative technique, and hermeneutical methods. According to Leonard (1989), such methods reflect these Heideggerian assumptions:

1. Situations are grasped as meaningful wholes by individuals who share a common background, meanings, and language.
2. People must be studied in their cultural, social, and personal historical contexts.
3. Understanding one's world need not be conscious and fully cognitive.
4. Particular concerns shape human involvement in the world; concerns set up what is salient about situations and how people will act.
5. Language is the communication of one individual's mental representation of reality to another.
6. The task of a researcher is to uncover and understand meanings embedded in the practices and expressions of those under investigation.
7. To access "lived meanings" the researcher must study the pragmatic activity of daily life.

According to Wilson and Hutchinson (1991), conclusions of hermeneutics are not considered the ultimate truth but

rather an open-ended presentation of informants' realities. Instead of a prescriptive outcome, a hermeneutical study ends with common themes and shared meanings. Explication of the interpretive process will continue in the following chapters.

Chapter 2

Review of Literature

This chapter will introduce the reader to a literary review of suffering. The chapter will also introduce the reader to the interpretive methodologies, i.e., phenomenology, hermeneutics, and narrative technique.

A Review of "Suffering"

A search of the literature for studies on suffering holds few surprises. Battenfield (1984) failed to find a comprehensive definition of suffering in the nursing literature. Likewise, Cassell (1982) failed to find suffering in the medical literature. Beecher (1957) stated that suffering is always secondary to some degree of pain. Copp (1974) defined suffering "as the state of anguish of one who bears pain, injury, or loss" (p. 491). Davitz and Davitz (1981) focused on how nurses infer the degree of the patient's suffering, when it is operationalized as amount of pain and mental distress. The association of suffering with pain, distress, and loss has been consistent throughout the literature; further explication of the definition beyond these situations is rare.

However, Kahn and Steeves (1986) stated that "suffering is not grounded in the same cause or stimuli (or pain) but

derives from the individual's evaluation of the significance or meaning of the pain experienced" (p. 625). In the same line of thinking, Sarano (1970) stated that suffering is the meaning given to pain. Kahn and Steeves stated that "actual pain, anticipation of pain not yet experienced, memory of pain no longer experienced, or identification with the pain another experiences may all contain meanings that lead to individual suffering" (p. 625). Indeed, suffering may not only be distinct from pain, it may also represent another level of individual response.

Cassell (1982) posited that people suffer from what they have lost of themselves in relation to the world of objects, events, and relationships. He also identified three coping mechanisms used in the suffering process (a) amelioration that requires restructuring or rebuilding to compensate for what was lost, (b) meaning which may reduce or resolve the suffering associated with a condition such that it is reduced when it can be located within a coherent set of meanings, and (c) the most powerful way by which one is restored to wholeness, transcendence, when the individual is brought closer to a transpersonal source of meaning and to the human community that shares those meanings.

Farran and Keane-Hagerty (1991) suggested that there are three interactive phases of suffering:

1. Acknowledging present loss/powerlessness/
isolation/muteness during which the sufferer

validates the pain or loss occurring at the physical, psychological, environmental, or spiritual levels. Sufferers may be initially mute and unable to express their feelings. If they remain mute, their suffering may move into a deep sense of despair.

2. Lamenting plight/accepting powerlessness/conquering existing situation when sufferers lament their plight and begin to accept and conquer their existing situation.
3. Gaining solidarity in a changed structure involves a process of changing and gaining a sense of solidarity with oneself and one's situation, within a changed structure. (p. 233)

Frankl (1963), in his now classic study on life in a German concentration camp, identified three phases of suffering; initial shock, emotional apathy, and finally, resolution. Initial shock was analogous in some ways to the condition known as "delusion of reprieve" (p. 14). The condemned man, immediately before his execution, gets the illusion that he might be reprieved at the last moment. In this way the overall shock of the situation could be lessened, and thereby better controlled by the human psyche. Emotional apathy was a phase that resulted in emotional death. The psyche could only take so much shock, and when the horrors of the camp reached a certain threshold, the

inmate emotionally withdrew.

Disgust, horror, and pity are emotions that our spectator could not feel anymore. The sufferers, the dying, and the dead, became such commonplace sights to him after a few weeks of camp life that they could not move him anymore. (p. 33)

The resolution phase occurred after the specific circumstance ceased to be a threat, i.e., after liberation. The individual found himself or herself "depersonalized" with the regaining of personal freedoms. The outer shell, which did a good job of protecting vulnerable emotions, now had to be abandoned in order to regain that which was lost. The resolution phase was not always a phase filled with happiness.

Frankl's (1963) insights into the nature of human suffering are worth sharing here.

We who lived in the concentration camps can remember the men who walked through the huts comforting others, giving away their last piece of bread. They may have been few in number, but they offer sufficient proof that everything can be taken from a man but one thing: the last of the human freedoms - to choose one's attitude in any given set of circumstances, to choose one's own way. (p. 104)

...in the final analysis it becomes clear that the

sort of person the prisoner became was the result of an inner decision, and not the result of camp influences alone. Fundamentally, therefore, any man can, even under such circumstances, decide what shall become of him- mentally and spiritually. (Frankl, 1963, p. 105)

The way in which a man accepts his fate and all the suffering it entails, the way in which he takes up his cross, gives him ample opportunity - even under the most difficult circumstances - to add a deeper meaning to his life. It may remain brave, dignified, and unselfish. Or in the bitter fight for self preservation he may forget his human dignity and become no more than an animal. Here lies the chance for a man either to make use of or to forgo the opportunities of attaining the values that a difficult situation may afford him. And this decides whether he is worthy of his sufferings or not. (Frankl, 1963, p. 107)

Wilson and Hutchinson (1991) stated that, the literature review [using interpretive methods] is used not to summarize the specific details of related research findings generated by quantitative methods nor to synthesize a theoretical framework but rather to specify important variables that can serve as background meanings for hermeneutic analysis... (p. 269)

Important variables throughout the professional literature on suffering have been identified as response agents, i.e., pain, injury, anguish, and loss. Other variables include suffering as process and the meaning of suffering as subject to personal choice.

A Review of Interpretive Methodologies

A study of multiple first person accounts of suffering can lead to the discovery of recurring patterns and configurations of meaning. One way of examining the social and symbolic context of suffering is by utilizing phenomenologic methods, such as hermeneutic interpretation. Wilson and Hutchinson (1991) stated that

"Hermeneutics" is a method for studying human beings that is rooted in philosophy and based on the views of phenomenologist Martin Heidegger. Heidegger emphasizes our language, history, and commitment to a culture that we inherit in an intuitive sense called "embodied" knowledge...As a contemporary philosophy and research approach, hermeneutics emphasizes the human experiences of understanding and interpretation and is presented as people's detailed stories ("thick description"), which serve as exemplars and paradigm cases of everyday practices and "lived experiences."
(p. 265)

Allen and Jensen (1990) stated that,

the hermeneutical process of interpretation seeks to

elucidate or make explicit our understanding of human behaviors and actions. Interpretation proceeds in a circular fashion with the projections of meanings and the anticipation of understanding. This hermeneutical circle of inquiry is a correlation between explanation and understanding and between understanding and explanation, and strives to uncover and explicate practical understanding of the phenomenon, the interpretive account. (p. 244)

According to Benner (1985), "the goal of hermeneutics is to discover meaning and achieve understanding, not to extract theoretical terms or concepts at a higher level of abstraction" (p. 10). Van Manen (1984) stated that "phenomenology does not offer us the possibility of effective theory with which we can now explain and/or control the world but rather it offers us the possibility of plausible insight which brings us in more direct contact with the world" (p. 36). Wilson and Hutchinson (1991) stated,

Heideggerian hermeneutics aims to interpret the "lived experience" through a text. Heidegger's assumption, however, was that the lived experience is veiled. Thus the researchers' task, in collaboration with the participant, is to unveil the shared common practices of the experience...Heideggerian hermeneutics is always open for change and to criticism. The

commitment is to understanding, not to anything generalizable or to subsequent quantitative research. (p. 268)

The basis for phenomenologic/hermeneutic research lies in the fact that human beings are natural storytellers and their dreams, fears, goals, aspirations, their vision of reality is expressed through the story. One mark of the turn away from positivism and toward interpretation in the behavioral and social sciences has been a renewed attention to the human "impulse to narrate" (White, 1980, p. 5). Scientists under the influence of such interpretive traditions as phenomenology, hermeneutics, symbolic interactionism, and feminist and cultural criticism have developed a "literary consciousness" (Marcus, 1986, p. 262), assuming standpoints and employing techniques once distinctively associated with literary analysis and criticism. "This (re) conceptualization of human beings as narrators and of their products as texts to be interpreted constitutes a potentially critical moment for nursing scholars (especially those engaged in qualitative inquiry) because it reveals, and suggests solutions for, analytic problems that have typically been disguised in conventional theory-and-method debates about objectivity and validity" (Sandelowski, 1991, p. 161).

Sandelowski (1991) also stated that "narratives are understood as stories that include a temporal ordering of

events and an effort to make something out of those events: to render, or to signify, the experiences of persons-in-flux in a personally and culturally coherent, plausible manner" (p. 162).

In descriptive narrative research, the researcher may seek to describe; the individual and group narratives of life stories or particular life stories or particular life episodes; the conditions under which one storyline, or emplotment and signification of events, prevails over, coheres with, or conflicts with other storylines; the relationship between individual stories and the available cultural stock of stories; and, the function that certain life episodes serves in individuals' emplotment of their lives. (Sandelowski, 1991, p. 163)

As Sandelowski further observed, "narratives are truthful fictions, but fiction is itself linked to interpretation in that all interpretation (even scientific explanation) involves human fabrication: the making out of what happened and the making up of what something means" (p. 165).

In summary, the subject of suffering has been lacking in the nursing and medical literature. This is all the more surprising since these two disciplines are based on the amelioration of an individual's suffering. When the topic is explored, it is usually correlated with some degree of pain, anguish, or loss (Beecher, 1957; Copp, 1974; Davitz &

Davitz, 1981). Suffering is explored more in depth in the anthropological, philosophical, and theological literature, where culturally relevant definitions of suffering and phases of the suffering process have been identified (Frankl, 1963; Cassell, 1982; Farran & Keane-Hagerty, 1991). What needs further delineation is suffering as lived experience and the meanings ascribed to it.

In order to extract meaning from an individual's account of the suffering experience, an interpretive methodology will be used. A review of phenomenology, hermeneutics, and narrative technique shows the value of extracting essences from personal transcriptions of a particular event. Compared across storylines, these essences have the ability to create new insight into the nature of suffering and therefore broaden one's understanding of the human condition.

Chapter 3

Methodology

The first section of this chapter gives an overview of the interpretive process, i.e., the generation of data, the issue of objectivity, and a description of the interview format. The second section introduces the reader to the participants in the present study.

Edifying The Researcher

Interpretive inquiry involves listening to and analyzing individual stories. "The object of such a method must be a text (any written discourse) or text analogue (meaningful action)" (Allen & Jensen, 1990, p. 244). This section will introduce the reader to the phenomenological - interpretive method of generating data, and will describe the methodological procedure for the present study. Van Manen (1984) described this step of the process "as the educational development of the researcher; finding ways to develop deeper understandings of the phenomenon being investigated" (p. 48).

Individual stories tell of human experiences. How can human experience be investigated objectively if objectivity has traditionally meant the elimination of human experience? The researcher utilizing hermeneutic techniques needs to be

aware that one is also a part of the story. The researcher can not negate that one is also a part of the human condition, yet the researcher understands the investigation should proceed objectively. What is needed here is a redefinition of what is meant by objective from a phenomenological perspective.

According to Colaizzi (1978), "objectivity is fidelity to phenomena; it is a refusal to tell the phenomenon what it is, but a respectful listening to what the phenomenon speaks of itself" (p. 52). Merleau-Ponty (1958) stated it more succinctly when he said, "rationality is exactly measured out in the experiences in which it reveals itself" (p. 69). Colaizzi further explicated,

To deny my experience, then, is to not be objective. But I cannot really set myself apart or essentially distinguish myself from other people, because essentially I am like the others. Thus, to the extent that I cannot deny my own experience, I cannot deny that others have experience. I can no more affirm my own experience and deny the experience of others than I can carry on a conversation in the belief that I can speak but others cannot. Objectivity, then, requires me to recognize and affirm both my own experience and the experience of others. Simply stated, experience is there, for all of us, and it cannot be objectively eliminated. (p. 52)

Colaizzi further delineated the subject of experience by saying that it is:

(a) objectively real for myself and others, (b) not an internal state but a mode of presence to the world, (c) a mode of world presence that is existentially significant, (d) and as existentially significant, it is a legitimate and necessary content for the understanding of human psychology. (p. 52)

Van Manen (1984) stated,

it is to the extent that *my* experiences could be *our* experiences that the phenomenologist wants to be reflectively aware of this; phenomenology always addresses any phenomenon as a *possible human experience* - this is why phenomenological descriptions have a universal (intersubjective) character" (p. 42).

According to van Manen (1984), phenomenological research, reduced to its elemental methodological structure, may be seen as a dynamic interplay among the following four procedural activities:

1. Turning to a phenomenon which seriously interests us and commits us to the world.
2. Investigating experience as we live it rather than as we conceptualize it.
3. Reflecting on the essential themes which characterize the phenomenon.
4. Describing the phenomenon through the art of

writing and rewriting. (p. 38)

A phenomenologist begins an investigative study not by asking how an experiment can be designed, but rather, why am I involved with this phenomenon? How might my personal inclinations and predispositions as to research value, influence, or even bias how and what I investigate? What are the hidden gains? "Pursuing this line of questioning, the researcher will discover that the approach used, and all that is involved in the approach, such as personal gain and prestige, social recognition, moral, ethical, religious, political, and economic features can never be completely eliminated" (Colaizzi, 1978, p. 55). Merleau-Ponty (1962) remarked, "the most important lesson that reduction teaches us is the impossibility of a complete reduction" (p. xiv).

According to van Manen (1984), formulating the phenomenological question meant asking what something was really like. What is the nature of the phenomenon? What is its meaning?

In other words, phenomenological research consists of reflectively bringing into nearness that which tends to be obscure, that which tends to evade the intelligibility of our natural attitude of everyday life. About any experience or activity, whether it be mothering, fathering, reading, running, teaching, testing, leading, lending, drawing, driving, or the experience of time, space, thing, the body, others, we

can reflectively ask, what is it that makes this lived experience what it is? (van Manen, 1984, p. 40)

After determining the phenomenon of interest and after exploring its connectedness with one's own being, the next step in the process is sampling and data collection. "In hermeneutics... sampling is purposive, in that informants are chosen who can provide rich descriptions of the experiences under study" (Wilson and Hutchinson, 1991, p. 269). Informants must be able to articulate their experiences and be willing to give complete and sensitive accounts. According to Colaizzi (1978), "experience with the investigated topic and articulateness suffice as criteria for selecting subjects" (p. 58).

Techniques used to obtain data from subjects are by way of interviewing, eliciting written responses, participant observation, and so forth.

From a phenomenological point of view we are not primarily interested in the subjective experiences of our so-called "subjects," or "informants," for the sake of being able to report on how something is seen from their particular view, perspective, or vantage point; the deeper goal... remains oriented to asking the question of what is the nature of this phenomenon as an essentially human experience (van Manen, 1984, p. 52).

In hermeneutics research, the number of informants varies. One could do an interesting study with one verbal,

articulate informant. The goal, however, is to acquire a rich and varied data set. Informants are generally interviewed for 1 to 2 hours, in a place of their choice, using an open-ended unstructured interview. "The aim is to elicit the most detail possible about informants' uninterpreted experiences in the subject under study" (Wilson and Hutchinson, 1991, p. 270). The researcher lives the phenomenological question; one must sustain contact with the subject under study in order to fully understand its meaning to another person. "Becoming a partner with the informant, they work together to produce the interview" (Wilson and Hutchinson, p. 270).

The questions to ask are dependent upon the researcher's presuppositions about the investigated topic. As the presuppositions are reflected upon, certain beliefs, hypotheses, attitudes, and hunches concerning the topic begin to arise. These ideas provide the researcher with a preliminary basis by which research questions can be formulated. "The success of these questions, and of all phenomenological research questions, depends on the extent that they tap the subjects' experiences of the phenomenon as distinct from their theoretical knowledge of it" (Colaizzi, 1978, p. 58).

For the present study, the researcher had to explore his own sense of what suffering means. Memories of personal suffering experiences, memories of scenes from cinema and

literature, memories from past and present theological reflections, and attempts to make sense of another's suffering while practicing as a nurse, all contributed to the researcher's own presuppositions on the subject. Based upon those memories and experiences, specific questions came to light of which to ask the participants. The information desired included the following: "Describe a situation in which you have experienced suffering"; "Tell me how you feel this experience has affected your life"; "What has changed in your life as a result of this experience?"; "How have you managed during this experience?"; "What are your beliefs regarding the future?"; "What does suffering mean to you?"; and "What does life mean to you now?"

Generating Data for "The Suffering Odyssey"

Five individuals who were undergoing or had undergone a suffering experience were invited to share their stories with the researcher. The five were a purposive sample, having been chosen because of the exemplary characteristics of their experiences and because of their willingness to articulate their narratives. The participants were discovered by means of referrals from physicians, nurses, social workers, friends, and social organizations. After obtaining clearance from the university institutional review board, the researcher contacted each of the five and explained the purpose and method of the study. Every step was taken to preserve the participant's anonymity, such as

not using real names during the course of the interview and having the tapes transcribed by personnel who lived outside the participant's region. After ensuring the confidentiality of the data, the researcher verified that the individuals still wanted to participate. All five responded affirmatively and written consents were obtained.

Participants were found in contextually different regions of the world. Two participants were located in a southern coastal region of the United States; a survivor of the Holocaust and a survivor of a gunshot wound to the head that was fired by a relative. Two other participants were discovered in the mountain region known as Appalachia; a Vietnam veteran with a substance abuse problem and a disabled coal miner with black lung disease. The fifth participant was interviewed in Belfast, Northern Ireland; an individual caught up in that nation's civil strife, as well as being disabled from an automobile accident. All participants were of European descent, over 18 years of age, and spoke English.

An open-ended semi-structured interview guide was used with each participant. All of the key questions discussed earlier were asked, but the interview was not limited to just those questions. The interview reflected the uniqueness of the participants' experiences, therefore, the questions were adapted to each experience as new meanings and interpretations were uncovered. Summary questions were

asked during each interview to validate the researcher's understanding of important points. All sessions were audiotaped and later transcribed in preparation for textual analysis. The following section will briefly describe each participant.

The Participants

The survivor of the Holocaust was a 65 year old retired grocer originally from Poland. He had lived in the United States since 1949. His memories of the experience were from his teenage years. The survivor's experience included three and a half years of being confined to a ghetto, and nine months of being rotated through various camps, including Auschwitz. His losses during the period included both parents and numerous extended family. He and his wife, who also survived the Holocaust, were both parents and grandparents.

The survivor of the gunshot wound to the head was a 59 year old white female. The shot was fired by her 31 year old daughter who was going through a second divorce and had a history of depression. As the mother was being transported to the hospital, the daughter killed herself with the same gun. The incident occurred two years ago.

The individual with black lung disease was a 67 year old white male who lived in Appalachia. He had documented lung disease since 1969. He was housebound on continual oxygen therapy. He had spent a total of 21 years

underground mining coal. He was legally disabled and receives financial support from the government and the local unions. He was married and had a 20 year old son.

The Vietnam veteran was a 42 year old white male who lived in Appalachia. He had a long history of alcohol abuse even predating his entry into the armed services. During his tour of duty in Vietnam, he became addicted to heroin. After receiving a medical discharge from the Army, he returned to the States but continued his alcohol binges. After undergoing a divorce, being fired from many jobs, and overdosing several times, he finally joined an Alcoholics Anonymous group. Following a diagnosis of schizophrenia in 1987, he was considered disabled. This individual spent his time at a community mental health center and talked regularly to groups interested in mental illness. He visited his two sons during the summers.

The native of Northern Ireland was a 79 year old female who had spent most of her adult life in Belfast. She had also spent several years living in the United States with her son, who was an engineer with a petroleum company. She was a widow and could only walk with the aid of crutches after having been injured in an automobile accident several years ago. She lived alone in a small, well kept apartment in the Belfast suburbs. She considered herself a Catholic pacifist and was a member of local peace and reconciliation groups. In the past she had received many intimidating

telephone calls, her house was broken into, her car was stolen, and her property threatened with fire bombing, all because of her religious views. She had been forced to move to different areas of the city many times. Her insight into her country's strife was very keen. She continued to work for nonviolent solutions to her community's problems.

In summary, the five individuals represented a broad range of suffering experiences. Their stories were both exemplary and comprehensive. The rich scope of the narratives allowed for the identification of patterns of meaning. A synopsis of interpretive analysis and the issue of credibility will be presented in the next chapter.

Chapter 4

Textual Analysis

There are two sections in this chapter. The first section explicates how data analysis is performed using phenomenological - interpretive methods. The second section explores the nature of credibility in qualitative studies.

The Art of Interpretation

Allen and Jensen (1990) identified four principal forms of written discourse, as distinct from verbal discourse.

1. Transcription in writing of the dialogue as it is said. It is the "what" of the dialogue that is important, not the specific circumstances under which it took place.
2. The relationship between the inscribed (written) meaning and the original speaker. The text must stand on its own. The relationship between the original speaker and the written discourse is not severed; rather, it becomes broader and more complex.
3. The freeing of the text from the limits of the original audience. Text opens itself up to unlimited readings and is no longer bound to a particular time and place.

4. What is written is addressed to all the audience that it creates itself. Text itself is now addressed to all readers. (pp. 242-43)

Allen and Jensen further explicated that,

A goal of interpretation is to produce an emotional relationship with the text. This produces a new interpretation from which comes a different form of understanding. Interpretation and understanding are in a dynamic, dialectical, and interactional relationship with one another. Interpretation reveals understanding and understanding, in turn, rewrites interpretation. (p. 245)

The first step in the interpretive process is to read and reread the transcribed texts. This is basically a stage of textual immersion; the researcher interrogates the text. Revealing statements are highlighted, circled, or underlined. As textual immersion continues, certain experiential themes begin to recur as commonality or possible commonalities in the various descriptions that have been gathered. "Themes can be lifted out either by phrases or by capturing in singular statements the main thrust of the meaning of the themes" (van Manen, 1984, p. 57). Further interrogation leads to identification of paradigm cases, exemplars, and thematic analysis.

According to Wilson and Hutchinson (1991),
Paradigm cases are whole cases that may stand out

vividly, revealing particular themes of meaning. They are useful for depicting the person in the situation, as they keep the context, the intentions of the actors, and the meanings in the situation intact. Paradigm cases reflect the whole. (p. 272)

Benner (1985) stated, exemplars are both interpretive and presentation strategies that share all properties of paradigm cases, except they are shorter stories or vignettes that capture similar meanings in objectively different situations or contexts. Thematic analysis involves recognizing common themes that appear in the textual data and articulating them combined with excerpts that serve as clear evidence for the theme (Benner, 1985). Van Manen (1990) stated,

the aim...is to transform lived experience into a textual expression of its essence - in such a way that the effect of the text is at once a reflexive reliving and a reflective appropriation of something meaningful: A notion by which a reader is powerfully animated in his or her own lived experience" (p. 36)

In summary, it is through the process of interacting with the text that the researcher discovers commonalities of meaning. Examining the paradigm cases, exemplars, and themes of each story allows for the comparison of meaning across story lines. Issues of reliability and validity in interpretive studies will be discussed in the following

section.

Credibility of Phenomenological Analysis

There are two schools of thought concerning credibility in interpretive research; both deal with the issue of narrative truth. In an earlier work, Sandelowski (1986) stated four areas of concern for rigor in interpretive studies:

1. Credibility in that subjects themselves find that the interpretive story is "right."
2. Fittingness in that readers other than study sample members can make sense of the findings in terms of their own experiences.
3. Auditability in that the investigator provides sufficient detail about analytical and other decisions throughout the study to allow another researcher to follow and judge those decisions.
4. Confirmability in that the researcher knows how his or her biases may have influenced the findings. Confirmability parallels concern for neutrality in scientific work except that qualitative interpretive investigations seek engagement rather than detachment. (p. 36)

Sandelowski further identified several strategies to produce a credible interpretive study:

1. Check for the representativeness of the data as a whole, of the coding categories, and of the

examples used to analyze and present the data.

2. Triangulate across data sources and data collection procedures to determine congruence of findings among them.
3. Check that descriptions contain both typical and atypical elements of data.
4. Deliberately try to discount or disprove a conclusion drawn about the data.
5. Obtain validation from the study subjects themselves. (p. 37)

However, Sandelowski (1991) later wrote, Located in a hermeneutic circle of (re)interpretation, narratives with common story elements can be reasonably expected to change from telling to telling, making the idea of empirically validating them for consistency or stability completely alien to the concept of narrative truth. Misguided efforts to verify findings (for example, the use of test - retest and interrater reliability kinds of measures) suggest a misplaced preoccupation with empirical rather than narrative standards of truth and a profound lack of understanding of the temporal and liminal nature and vital meaning - making functions of storytelling...what preoccupies the storyteller and audience (here, the subject and researcher) is not how to know truth, but rather how experience is endowed with meaning. (p. 165)

Ultimately, however, it is up to the reader to judge the rigor and quality of qualitative research using the above suggestions as guidelines.

The next chapter discusses the results of the study on the meaning of the suffering experience. Results are presented using the analytic format explored in this chapter. Categories of suffering are identified and individual themes are explored.

Chapter 5

Suffering As Lived Experience

After transcribing the interviews into written form, the researcher began the process of textual immersion. This consisted of reading and re-reading the interviews in order to get a sense of the whole. Theoretical memos were made relating to the data. The researcher then proceeded with a line by line analysis of each interview. Important behaviors and beliefs were identified as they were revealed in each transcript. These revealing statements were highlighted and lifted out of each interview.

The researcher and a faculty consultant to the thesis committee dialogued over the revealing statements in a debriefing session. Both researcher and faculty consultant discussed similarities and differences in their understanding of the statements by referring back to the text. In a systematic manner, statements were organized into categories of similar meaning. The name of each category was reflective of the primary message contained within its statements. Dialogue between the researcher and the faculty consultant continued until consensus was reached on the categorization.

After the categories had been identified, the

researcher began searching for associated themes. Revealing statements in each category were examined contextually for relativity and personal meaning. Excerpts, in the form of exemplars and paradigm cases, were used to support the proposed themes. The information was listed on index cards and again sorted according to similarity of theme. Although each participant's suffering experience was different, thematic commonalities were apparent (See Table 1).

The elements of suffering as lived experience, including categories and their accompanying themes, are discussed in the next section by using specific exemplars and paradigm cases.

Findings

Category: Loss

This category was characterized by a sense that something valuable had been lost. The losses encompassed the full range of human attachment. A prominent theme was missing loved ones or significant others.

At Auschwitz, when you came out of the cattle cars, the men were separated from the women. Right away. The women lined up one side and men on the other side. And then we had to face the German....You stayed in the line until you get to him and he waved his finger this way or that....People on the right side were kept and the rest went right in the oven, right in the gas

Table 1

Elements of Suffering as Lived Experience

Category: Loss

- Themes:
- Missing loved ones or significant others
 - Grieving over the loss; sorrow over the loss
 - Missing ordinary pleasures; memories of things that used to be taken for granted

Category: Trapped

- Themes:
- Feeling of being confined to one place or situation
 - Sense of hopelessness
 - "Can't do nothing"
 - Sense of dependency; loss of control

Category: Hard Life

- Themes:
- Feeling ashamed of the past
 - Lack of acceptance by others
 - "Living a nightmare"
 - Watching others suffer
 - Feeling pain; being hungry
 - Cruelty of life; dehumanization - "forced to become an animal"

Category: Spectre of Death

- Themes:
- Facing death and wanting to live

- Wishing for death at times; "disheartened"
- Fear death no more

Category: Time

- Themes:
- Suffering in the present versus no longer suffering
 - Time as a defining characteristic

Category: Working Through The Experience

- Themes:
- Taking the blame
 - "Learning to accept things as they are"
 - Became empathetic; more compassionate
 - "Nobody owes you anything"; became stronger
 - "Cleansing"; reprioritizing
 - Finding self

chamber. My father and I stayed on the right. My sister went to the right. My mother went to the gas chamber....That's the last I seen her.

At a camp in Czechoslovakia towards the end of the war, there was an outbreak of typhus. I was assigned to work the morgue which was in the cellar. Whoever died out over night, they delivered to us. They rolled them down a wide board. We recorded in a book the dead person's number off their hand or jacket. We stacked

the bodies one on top of the other until we had 100, 200 bodies some days. There, I found my daddy's number in the book. That's how I found out he was dead.

Suffering would be the grief that I am going through thinking of L____ [daughter]. For what she had to go through.... The sorrow that I can't see her anymore. I miss her so much.... At first, I didn't want to go out, didn't want to see anyone, to talk to anyone, and all I did was think of L____. I was going through all this grief about how wonderful, how really wonderful, she was.

The first two exemplars from the Holocaust interview described the loss of parents in a very straightforward manner. However, there was a nonverbal response during the interview. The memory of the event triggered tears and silence. The woman with the head injury was more verbal with her loss, i.e., the use of key words like "miss," "sorrow," and "I can't see her anymore."

Missing ordinary pleasures and memories of things that used to be taken for granted were also themes connected with loss:

Everything that I done before I miss. Well, the driving for one thing. Walking around. Used to be

that I could get out and walk around. I used to be able to hunt and fish. Yeah, over at the lakes in Tennessee. A bunch of us would go fishin. Everything has changed...even what you eat. You can't eat with oxygen stuff in your mouth.

The most important thing in life was a piece of bread [in the ghetto]. No money or anything else. No money, no diamonds, nothing. No gold. Just a piece of bread. And sometimes you would walk around with a piece of gold in your hand and you couldn't buy a piece of bread. Nobody needed it. We forgot the simple things, such as being able to buy enough to eat.

At that particular time when I was being forced to move [due to continued intimidation] I hadn't come to terms with the fact that I was crippled because it took a whole lot longer than that to wake up to the fact that I was never going to be able to be as I had been before. I had always been very active and active in everything both in me own family life and outside, all the different things I was interested in. It took me a long time to realize that this is as good as I am going to be and I might as well accept the fact.

At the start, I coped not too badly, but when it

[intimidating phone calls] went on and on and the lack of sleep, it eventually got through to me because you see if it had happened early in the night, you could have gone on to bed and slept. You see it was at 3 AM in the morning that they called and even on the nights that they didn't call, you were waiting on them. You couldn't have went to bed and think, are they going to bother me tonight? There was days that I was just walking around in a daze during the day because of a lack of sleep. Oh, to just to have one restful night!

I used to be the assistant manager down at the shop, but since the brain damage, I don't do the things over there that I used to. I do things much more slowly now. The first time I went to run the cash register, I didn't remember how to do it. I am relearning everything that I did do down there....Like I remember in the beginning I looked at something and I knew what it was but I couldn't say it. It was a coaster.

I am disabled now. . . . I can't walk outside, you see. I can only walk around here. I can't walk outside without crutches.

I had times where I couldn't eat. If I went into work and had a candy bar or something and then went out at

dinnertime and got me a pint of vodka or a half pint of wine of some kind, I would drink til I got sick. I would throw it up, so there was no eating. I would drink and not eat for days.

The theme of missing ordinary pleasures included "everything I done before I miss," "being able to buy enough to eat," sleeping, walking without crutches, eating without getting sick, and remembering how to perform certain tasks. All were things that were once taken for granted.

Loss was depicted by all participants as an element in their suffering experience. It was the easiest category to identify because of its pervasiveness across cultural lines.

Category: Trapped

The category of being trapped was a familiar one; one used quite often in film and literature. The leading theme associated with this category was a feeling of being confined to a particular place or situation with no way out. The researcher referred to this as "the caged animal syndrome" comparing this theme to that of a caged wild animal endlessly walking around the inside perimeter of an enclosure, always looking for a way to escape. Over time a sense of hopelessness developed.

I thought I could get relief from the bottle, but it

just made the pain worse and worse. The harder the pain, the more I would drink, drink, drink....When I took the first drink, it set off moments of grandeur and of feeling real good, but then I would get sick and would sometimes have to throw up, yet I would always return to the habit.

No you couldn't come and go. You couldn't go out with the Aryan....You had to be in a secluded place. What they called a ghetto. It was closed up. As a matter of fact, one street in the ghetto was for the Aryans and the Pollocks to go through. We had a bridge made from one side of the street to another because you couldn't go on that street.

I overdosed quite a few times over the next few years and I had to go in and out of mental institutions and psychiatric wards....From there I went to a VA Hospital and stayed there for another six months and when I got out they [staff and family] wanted to put me in a home [permanently commit]. It was hopeless that I would ever be able to do any better for myself.

She [daughter] took me over to C_____ Hospital and she told them that I was an alcoholic....So they locked me up over there at C_____ for four days in a room. I

couldn't take a shower. I couldn't change my clothes. I had scars that needed to be taken care of and they didn't do that.

I just, I just was at the point where I couldn't go anywhere, couldn't do anything. If anybody said anything I would just start crying.

I can't do nothing. During the day I sit here and watch TV, read, maybe walk to the kitchen, over to the couch, or to the bathroom. Sometimes I go out on the porch in the summertime. That's it. I got to drag this oxygen hose with me wherever I go.

A sense of urgency, of being out of control, was depicted in the following exemplar:

I moved here in a wheelchair. I was in a wheelchair when I was being intimidated and that was the reason that I moved. About one week before I decided to move, two houses on down the road were burned down; they [Protestant extremists] burned the people out. I knew that if they did the same thing to me and I was in a wheelchair, so there is no way I could climb out the window, so....it was get out or say good-bye on a permanent basis, you know? How do you even think about

getting out of a house on fire in a wheelchair?

A sense of dependency was depicted in the following exemplar:

When you are confined to a bed, you can't get out of it; there was no way I could get out of the bed in the hospital. I had to be lifted and transported everywhere. I couldn't move myself. I couldn't even attempt to get out or stand by myself, so you are sort of in one place and even if you want to turn, you have to go and ask for help or call someone to help you.

The coal miner in Appalachia summarized the category of being trapped simply with one phrase, "can't do nothing," which to him meant physical restriction of activities. The phrase could be used, however, by all who feel involuntarily restricted, albeit physical or mental. With restriction, came a sense of hopelessness, i.e., the Vietnam veteran in Appalachia who in the above example stated, "it was hopeless that I would ever do any better for myself." Restriction also meant becoming dependent on someone or something else for assistance. Excerpts identifying this theme included the veteran in Appalachia who said, "the harder the pain, the more I would drink, drink, drink...then I would get sick...yet I would always return to the habit," or the woman

in Belfast who stated, "I had to be lifted and transported everywhere....I couldn't move myself." The woman in Belfast also exemplified a social situation gone out of control, with the possibility that sectarian violence could reach into her home, which increased the feeling of being trapped.

Category: Hard Life

This category depicted the unfairness, the injustice, and the cruelty that individuals sometime find themselves in. This was especially apparent in the case of the Holocaust narratives, but all stories had their share of hard life elements. For instance, the theme of feeling ashamed,

I came from a poor family and my daddy was a coal miner and my mama was a housewife. She kept us clothed and food in our stomachs. Sometimes it was hard and sometimes it wasn't so hard, but I had to wear hand me down clothes and the people that you went to school with, well, they made fun of me. I wore the old clothes because I had too. I discovered alcohol at an early age.

The theme of not being accepted was exemplified by the woman in Belfast, who because of her views on peace and justice, was caught in between two conflicting religious groups.

I originally lived in A_____ [Catholic area of Belfast]....I was very much involved in peace groups. I was most unpopular in Andersenstein because I advocated peaceful change. Well, I was tormented from my car continually but I refused to give up and I never gave up....I decided to move into a Protestant area, B_____, just across the way from here. Well, I felt safe there for three years without difficulty when the Anglo-Irish Agreement came on. From that day forward my windows was broken on a nightly basis. So I had moved from one community into another community and neither was accepting me....When I came across there, I thought I was doing this because I had been working so long for reconciliation that I thought that it was ridiculous to talk about reconciliation when you are living in a ghetto area. So I moved out to where I hoped might be a way for them to come together. Instead of that I find that I'm not accepted there either.

The hard life was further described by the woman in Belfast as "living in a nightmare."

I have a son who had to join the British Army when he was 18 because he got a girl into trouble and he needed a way of supporting them. Now he was assigned to a

stint of duty in Belfast. It was just he was here and every time a soldier was killed you didn't know for three or four days who it was because there was no communication good, bad, or indifferent. You were just left guessing. Well, you are not a mother, so I don't expect you to understand what that means, but it is like living in a nightmare. All the time you are living everyday with what was going to happen. It just was a horrible thing to live day in and day out.

Another facet to the hard life was the work an individual did, especially manual work and the total time spent working.

I started working the coal mines when I was 16 years old. When I got old enough, I joined the Navy. I saw action in the South Pacific. When I got out, I came back to these parts. I've worked three to four small mines and three to four large ones. All total, I've spent 21 years underground digging out coal, sand, dust, and rock dust.

The category was also represented by destructive relationships, especially that of a marriage gone bad.

Marriage with him is very sad. He is a very self-

centered person. He wants to be the center of everything. And so many people that I know, and relatives and friends that we have, I say very little because he's the one that talks all the time. So it's apparent he resents whatever I do. He wants me to stay home, cook for him, clean, make him all these things and do all these things for him. And if he does something like paint the wall or something, I'm supposed to stand back and say how wonderful it is. You know, it's that kind of a marriage. And I've been married for 35 years.

The Holocaust narrative gave special insight into the meaning of hard life. The focus of the experience was on annihilation, and as such, the recurring themes were related to watching others suffer, pain, being hungry, and of dehumanization.

Life was very, very bad and very rough. There was no food. No medicine. And what you got to eat wasn't enough. People were dying in the street like flies. 90, no I wouldn't say 90, but about 50-60% died out from hunger and also the Germans took whoever at will.

The food was shipped in [to the ghetto]. It was distributed in little places and with your ration card

...you would get a piece of bread and whatever, a little bit of sugar, a little bit of flour. Just enough to not die, lets put it this way. But a lot of people, they didn't have enough and lots of them died. Most of them died right out on the street.

Most of the fighting was between families. Over a piece of bread you know, or was over the sugar. One was stealing from the other, a piece of bread, like you know, you got your piece of bread and you didn't eat it. One time you figured I'm gonna eat it later on. You hide it somewhere and you came back and it was gone.

Hunger is very painful. And watching some, like people dying from hunger, it's very painful, especially your own people. I don't mean here other Jews, but family people, you know, your own people dying from hunger, or from sickness, or from disease.

We had to work and then you were busy with yourself. Busy with yourself doing nothing. You know, watching the suffering and everything else. Sometimes you didn't feel like anything. You went out on the street and you see dead people laying there. You had to lend a hand throwing all those corpses on wagons. It was

terrible.

You would get food any way that you could, even if it meant stepping on other people. When you get in that position, you've got no conscience. Gone in a second. Because it's you only. You or him. Now who is more important? You are more important than somebody else, right? So you become an animal. That's what 80-90% of people became. Were no more human beings.

In the camps, you worked for the Germans doing manual labor. You had no control or freedom to decide what you wanted to do. I was in Auschwitz only seven days. It was very cruel there. My father and I were shipped out to other work camps in Germany and in Czechoslovakia.

You know it's a terrible experience. Today you can see in the museum a pile of children's shoes, thousands and thousands of pairs....Women's hair, I don't know what they were making out of it, but they [the Germans] were using everything. It's unbelievable the human mind can think of such a thing....Killing because he's got golden teeth so he can pull his teeth out. Killing because he wants a lamp out of human skin... Killing children. I mean gassing children and burning

them....Taking children three years old, five years old, and gassing them.

A marriage gone bad, worked long and hard, being raised in a poor family, not being accepted, afraid for another's life, and the sight of other people suffering were all elements of the hard life. There were many key words in this category that linked it to the meanings individuals gave to suffering, i.e., "hunger," "pain," "sadness," "terrible," "unbelievable," and "nightmare."

Category: Spectre of Death

The next category had been given the name of "spectre of death," for it implied a fleeting touch with one's own mortality. The thought of losing one's life ran throughout the interviews and certainly impacted the way the participants struggled with the meaning of suffering. Three themes of category were facing death/wanting to live, wished for death at times, and fear death no more. Facing death/wanting to live occurred when death was a distinct possibility, yet there was still a will to live.

My father and I were in a group returning from Warsaw when we were captured by the Germans. They separated the Jews from the Pollocks and they led us to a little bitty town where they took us out to, like a barn. We

knew what was going on. They lined us up, I mean we could see the machine gun in front of us. Everybody knew what was coming. Nobody puts a machine gun in front of you, in front of a line of people for nothing, you know. You don't understand much but you know somebody gonna take your life any minute. It's hard to describe what kind of feeling it is....Even if you feel panic, there was no place to run. So there was no point even to think about running. Just stay there and take the medicine. At the last second, a soldier came over on a motorcycle to the officer who was staying in front of us and told him something, gave him a piece of paper and he told us all to go home. So it happened that nothing happened.

In the ghetto, they [the Germans], you don't know when, but once in a while, maybe every month or so, maybe every two weeks, they came into the courtyard. They tell everybody to come out and they selected who to take. They took them out and put them on trucks. They [the Jews] never came back. You never knew when they would be back or who they would pick next.

At the camp in Czechoslovakia, I was caught stealing potatoes from the kitchen. The German sit me down and told me to kneel, holding two potatoes in outstretched

hands. I had to wait like that until the people started to come back from work detail. And he told me, told everybody, that he's gonna hang me and tell everybody I got hung because I was stealing from the German ration. Stealing food was a hanging offense. You know, you get shot or you get hung. I was again reprieved at the last minute.

Life means living....I just want to live. In spite of all the near deaths, I never doubted that I would make it. In many ways, I was just plain lucky. You may can call it personal strength, but I don't know. It's probably instinct. I always tried to help myself. I volunteered to do jobs nobody else wanted. I tried to win over favors. I never stepped on nobody.

Another theme was wishing for death at times. Some participants wanted to die because their suffering was too much for them, but through some means, found a way to overcome that thought.

I moved to H_____ and was coming up here and I was feeling kind of down. I was down on myself and I felt that I didn't have anything left to live for and my life was no longer worth living. So I took another overdose and they sent me to a VA Hospital....I finally

got sick and tired of being sick and tired. I wanted to change and I had to want that change before it would do any good. I was holding on to the last thread. I knew that I was going to have to make it good....I knew that if I didn't straighten up, I was going to die. I got into an AA program.

Some days I could take a pistol and blow my brains out. It gets bad. I get real disheartened...but I want to live. You see what I got, don't you? My wife and the boy. I got to live for them. I ain't much use to them.

The theme of fearing death no more was characterized by a near death experience resulting in the loss of fear of the demise of one's being. The experience dissolved the preconceived notions of what the death experience was like.

It's like...no one really knows the fear of having bullets come at you. You can not imagine what it is like....Since the incident, I am no longer scared to die. In a lot of ways, I think about the people over in Iraq when they have there mothers seeing their children killed or their husbands killed. The sadness that they go through, I can relate to that....If someone came up to me with a gun now, it wouldn't

frighten me anymore....The bullets were not painful. I remember them hitting me and I remember when the third one hit me. I remember that others have said that their whole lives appeared in front of them, but I didn't have all of that. I just thought, well, she has killed me...The only thing I care about now is living for my three grandchildren and seeing what I can do for them. For myself, I don't care.

Facing death/wanting to live, wishing for death at times, and fear death no more were all themes associated with the category named the spectre of death. Each theme dealt with a particular aspect of one's death. The man who survived the Holocaust could not remember how he felt on his numerous near death experiences, but he did know that he wanted to live. He attributed his survival to "luck," or "personal strength."

The Vietnam veteran and the coal miner both wanted to kill themselves when their perceived suffering became insurmountable, but they changed their minds at the last moment. The Vietnam veteran came to the realization that if he didn't straighten up and change his lifestyle, then he would end up dying anyway. He had some control left in his life; he could still make choices. The coal miner overcame his temptation to take his own life with the realization of his need for his wife and son.

Fear death no more was exemplified by the woman with the head injury, who was no longer afraid of death because of her nearness to it. She glimpsed over the threshold and found it to be not painful. She, too, had other family members to live and care for.

Key words in this category were "luck," "living," and "disheartened."

Category: Time

A reference to time was important to some participants. This category helped the participant to further define and understand the issue of suffering within a temporal sphere. It certainly became important if the participant was still suffering. Only two of the participants acknowledged that they had not yet come to some sense of resolution concerning their suffering, the coal miner and the woman with the head injury.

Lord yeah, I'm still suffering. I am smotherin to death. I can't get my breath. I have been doing this since this 5 o'clock this morning. I am trying to make my spray last until Friday.

I am very unhappily married to J____. We just stick it out....I have done it for thirty five years. For

the first ten years of my marriage, he was an alcoholic. And he drank and I stuck it out anyway and time goes on.

The coal miner struggled just to breathe; his life was connected to the clock and calendar. Time was when his most recent episode of dyspnea began and how much time he had before running out of his bronchodilator. The woman with the head injury struggled with an unhappy marriage that was described in terms of time. The Vietnam veteran made references to time in terms of suffering resolution:

No, I'm no longer suffering. Life has never been this good. It has been almost six years since I took a drink. April will be six years. In March, it will be five years since I have been in the AA program.

Success was gauged by the time spent away from the bottle. The Holocaust survivor made an interesting distinction between suffering and feeling afraid, in terms of time:

I went through a lot of scardiness. You know, I was scared but that's all. You can call it suffering too but you don't suffer long. You know, you stay on the machine gun or you don't, but it don't last long. You stay 10 or 15 minutes. It happens or they would let us

go, otherwise it would be over in 5 minutes or 10 minutes. That's not suffering - that's being scared. Sure you suffer when somebody is sick in your family. You can't help them. You suffer with them. But I think personally that hunger is the worst suffering. It is constant. We are not talking for a day or two.

In this case, the sense of being scared was in response to what was going to happen in the immediate future, i.e., minutes. Suffering, was defined as more chronic in nature, i.e., took place over prolonged periods of time. Key words would be "constant," and "hunger is the worst suffering."

Category: Working Through The Experience

The final category was one of coming to grips with the suffering situation. All participants showed signs of growth, development, and maturity as they struggled with the meaning of their experiences. The coal miner accepted the fact that he was partially to blame for his condition because he smoked cigarettes for a long time:

If you stay in these parts, you have to work the coal mines to make a living. I don't hold a grudge against the coal mines. I am halfway in the shape I am because I smoked most of my life...brought it on myself. If it has taught me anything, it is on the evils of

smoking. We didn't know no better about not wearing breathing protection in the early days. Besides, we didn't have none. Just went in there with nothing over the face....Sufferin' has also taught me how much I need my family. That little fellow sitting over there and that woman in the kitchen is all I got left.

The theme of taking the blame demonstrated a sense of growth in terms of becoming responsible for one's actions. Taking the blame also gave a sense of control; one who was still capable of "calling the shots." The Vietnam veteran saw his experience as one of victory in a battle against all odds:

I think I am a better person and it is by the grace of God that I am here today. I think I have changed. I have changed to accept things as they are and to work through my problems, not just hide behind the bottle or drugs. It was because of my problem that I learned the philosophy of AA - that of living one day at a time... I appreciate the fact that I get the kids in the summertime. They still call me Dad and they still love me and I love them. That is the one thing I am living for, to be able to help them when the need arises.

The Vietnam veteran saw value in the AA philosophy of "learning to accept things as they are." Both he and the

coal miner also realized the true value of other people, i.e., family members. The woman with the head injury saw suffering as a means of becoming more empathetic and understanding:

It has taught me about people that are going through a lot of grief, about people that are going through a lot of hard times. Like I was telling you about the people in Iraq or people for instance, like when we have a lot of shootings downtown. I was riding back from work down one night on P___ Street and I heard some gun shots and I saw that there were two young black people in the car next to me. I thought now I know what black people went through when they were being shot at and when people were being cruel to them. I know how they feel.

This woman had been active in peace and justice networks and struggled to view experiences within that context. Her sense of empathy with others who suffer came from a personal center that believed all life was a gift and that good things could come from bad. Her own suffering verified her beliefs.

The Holocaust survivor also saw some good in the bad, reflective of his Jewish background, yet he described himself and his family as not being orthodox in their

religious beliefs. He saw himself as being better able to cope with things now as a result of the experience. He also saw himself as being more compassionate to others in need. Because of his own experience with hard work, he stated that "nobody owes you anything." He made a distinction between those who "were born with a silver spoon in his mouth," and those who did not have that luxury.

There are always some positive things. No doubt about that. Always positive things come out of things like that. You see the world different. You appreciate more everything than somebody else who figures it's coming to them. I went through too much to think the world owes me a living. Nobody owes you anything. I was 16 years old when the war started and I started working as a dog. Worked that way ever since. So we see it different than somebody born with a silver spoon in his mouth....I think the camps maybe they make me into a more compassionate person. I think, personally, it made a better man out of me. Thinking about somebody else once in a while and not only about yourself. Also I think I can cope with a lot of things a lot of people can't probably.

The woman in Belfast came from an Irish - Catholic background and she considered herself a religious person.

In addition to her membership in peace and reconciliation groups, she belonged to a charismatic prayer group. These affiliations certainly influenced how she worked through her situation.

It taught me about cleansing. About all the garbage that you grow up with. When you are sort of lying in a bed suffering, you begin to realize what is important. The really important things in your life. What is important are the people in your life and the beautiful things that are around you. And all the things you spend so much time collecting around you don't count for anything. They really are just garbage. When you are suffering you are cleansed of all that and you really only see the important thing, the love of the people that are close to you and mean a lot to you. Anything else becomes rubbish....I have never regretted the suffering, because in the process I found myself.

The cleansing element in the story was congruent with Christianity's premise that suffering could have some redeeming value. The idea of reprioritizing what was important in life and the discovery of self in the midst of suffering were other themes that came out of the woman's religious background. As in the other stories, the value of significant others was emphasized.

Summary

Interpretive analysis revealed the following categories from the generated data on the suffering experience: Losses, trapped, hard life, spectre of death, time, and working through the experience. Further exploration of the unique metaphors, allegories, and parables of each participant's story led to the development of themes associated with each category. Both categories and corresponding themes were identified with specific exemplars and paradigm cases from each story.

Ideally, validation of the findings should come from the participants themselves. They should be able to see commonalities with the elements of suffering as listed in Table 1. Unfortunately, given the great distances involved and the lack of follow up by telephone, second interview sessions were not held with all participants. Only those participants who lived in the southern coastal region of the United States had been reached for comment. The other participants were mailed a synopsis of the study and a closure letter. All the individuals who were reached agreed with the above findings. There were no refutations, just minor points of clarification.

This chapter presented results as to how suffering was experienced by five participants from contextually different parts of the world. Elements of suffering as lived experience were identified and explained. Issues of

alidity and closure were discussed.

Chapter 6

Conclusions

The final chapter will be a summary of the present study. Concluding remarks and personal biases of the researcher will be explained, as well as, implications of the study on future research.

Losses, being trapped, the hard life, the spectre of death, time, and working through the experience had all been identified as major suffering categories by a group of five individuals who exemplified the term. Although worlds apart in both space and time, these individuals manifested commonalities of experience. Their shared meanings of suffering situations gave insight into the nature of the human condition.

While the research findings were consistent with those in the literature which associated suffering with pain, distress, and loss (Beecher, 1957; Copp, 1974; Davitz & Davitz, 1981), the findings also revealed the phenomenon of suffering to be much more transcendent and life encompassing. The experience remained highly personalized and intimately interpreted. As a result of the study, the researcher redefined for himself the nature of the suffering experience; from a definition centered on pain and agony, to

a definition which focused on that which gives meaning to pain.

According to Meleis (1985), suffering serves to bring about state of self-awareness, thereby creating an openness to authentic experience that an individual might not otherwise evince. Suffering creates a state in which the person is brought face to face with his or her own being. As such, it might be difficult to justify nursing acts that remove a client from the authentic being of suffering. (p. 254).

The goal of nursing is perhaps to help individuals articulate their perceptions of the situation and the meaning of suffering.

It was important to interpret the meaning of suffering within the client's own contextual understanding of the term. In the present study, the researcher was at times unaware that he was interpreting another's experience through his own Judeo - Christian vision. Such an interpretation belittled the actual meaning of the experience for the participant. It took a member of the thesis committee to bring it to the researcher's attention. Such a bias was not a problem in the study, as long as it was recognized as being part of the researcher's own unique cultural makeup and providing it did not interfere with full engagement with the subject matter.

Implications for Further Research

Although the present study focused on the meaning of suffering to individuals, many other questions arose which are equally important but were beyond the scope of this investigation. One question concerned how people cope with suffering. Is there a relationship between the stages of grief and the stages of suffering? A grounded theory approach could be used to delineate the process of working through the experience of suffering.

Another interesting question concerned the role of hope. There seemed to be different levels of hopefulness in each participant depending on whether the suffering situation was internally or externally imposed. Is there a difference of hope when suffering is externally imposed, such as in a death camp situation, as compared to internally imposed suffering? Does the establishment of rapport between nurse and client and discovery of the meaning of suffering lead to the development of hope?

Final Remarks

Nursing touches on the richness of the human experience of which suffering is a part. The use of phenomenological methods to explore meaning adds to the understanding of the human experience. The stories of the participants who suffer have meaning for both nurses and clients because elements of suffering are shared. Those elements can be seen across nursing practice boundaries, i.e., oncology,

gerontology, mental health, AIDS, etc. Such knowledge provides nursing with nonmechanistic and nonpositivistic strategies for further theory development and research. The knowledge gained allows further insight into elements of the human condition.

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